

**California Department of Justice
Mental Health Reporting System (MHRS)
Facility User Guide**

**Bureau of Firearms
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MHRS Application – Facility User Guide

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1. APPLICATION OVERVIEW

INTRODUCTION

The Mental Health Reporting System (MHRS) is a web-based application used by Mental Health Facilities to report certain firearms prohibiting events to the California Department of Justice, Bureau of Firearms. The purpose of this document is to provide a step by step User Guide for accessing and using the MHRS application.

WEB SITE ADDRESS

The MHRS application resides on a secure server to ensure that sensitive data transmitted via the internet is encrypted. The address for the website is:

<https://mhrs.doj.ca.gov>

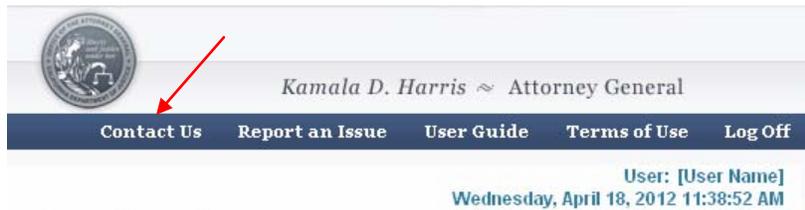
Note: The prefix **https://** must be used to access this site since it uses a secure server.

Please bookmark this page to make accessing this site easier in the future.

CONTACTING BOF

A “Contact Us” link (see Figure 1.1) is available on each page of the application. This link opens a window containing the address, phone number, fax number, and a hyperlink for the MHRS support email address. The email link will open your default email window if your browser is configured to support this function.

Figure 1.1, Contact Us link



IMAGES PRESENTED WITHIN THIS DOCUMENT

For security reasons, some data appearing on screen images will appear blurred out.

PRINTING

All printing from the MHRS application will be to your local printer.

TECHNICAL REQUIREMENTS

The MHRS application has been verified to function as expected using the following web browsers:

Internet Explorer 8.0

Mozilla's Firefox 11.0



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If your web browser blocks pop-up windows, the MHRS application must be added to the list of sites from which pop-ups are allowed, also known as “Exceptions”. (For Firefox, see Options / Content. For Internet Explorer, see Internet Options / Privacy).

The reports generated by this system will be in the Adobe Portable Document format (PDF), which will require that you have Adobe Acrobat Reader installed on your computer in order to view, save, or print a report. The latest version of Acrobat Reader can be obtained from Adobe’s website. A link to the Adobe Acrobat download page is included on the MHRS Main Menu.

DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Term/Acronym	Definition
BOF	Bureau of Firearms
CAPTCHA	A challenge/response test used to verify that a person, and not another computer, is interacting with a system. The CAPTCHA acronym stands for: C ompletely A utomated P ublic T uring test to tell C omputers and H umans A part
DOJ	Department Of Justice
PDF	Portable Document Format. The file type used for displaying reports within the MHRS application.
PHN	Prohibition Record Number – a unique number generated by the Mental Health Firearms Prohibition System to uniquely identify each report entered into the database.
Pop-up window (pop-ups)	An additional web browser window opened by a main page.

2. USING THE MHRS APPLICATION

In order to use the MHRS application, you must obtain an MHRS web account consisting of a valid User Name and Password combination.

NAVIGATION WITHIN THE MHRS APPLICATION

The MHRS application is a web based application. You can navigate the web pages using either your mouse or your Tab button.

There is one important distinction between web sites and web applications concerning the use of the browser navigation buttons. The browser navigation and refresh buttons, as shown in Figure 2.1, **should not be used to navigate within the MHRS application**. Instead, you should navigate the MHRS application using the buttons and/or links that are found on the application’s pages, such as those shown in Figure 2.2.



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Figure 2.1, Browser Navigation

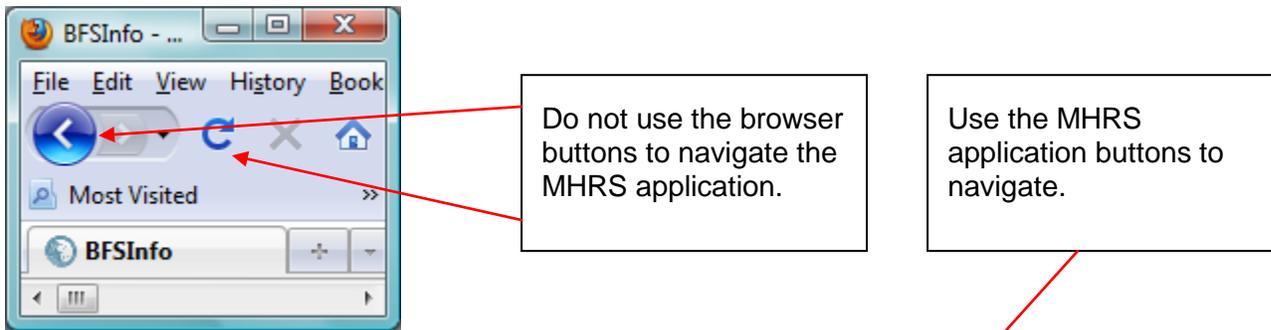
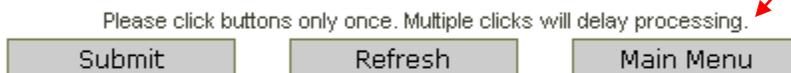


Figure 2.2, Application Navigation /Buttons



REQUIRED FIELDS ON FORMS

On all data entry forms, required fields are clearly marked by a red asterisk preceding the field label (see Figure 2.3).

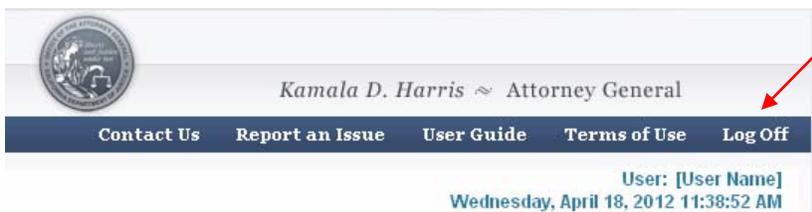
Figure 2.3, Required Fields



EXITING THE MHRS APPLICATION

To exit the MHRS application, select 'Log Off' as shown in Figure 2.4. You will be logged off from the MHRS application and returned to the *MHRS Log On* page, where a message confirming you have logged off will display.

Figure 2.4, Log Off Link





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SESSION TIME OUT

For security reasons, MHRS will time out after a period of inactivity. If this occurs, the system will display a message indicating that your session has timed out. You will need to log on again to use the system.

REPORTING AN ISSUE

If you run into a problem while using the application (for example, you can't find your facility from the drop down list when you are requesting an account), you can report the issue to the BOF Administrator, using the *Report an Issue* link which is provided throughout the application. Note, however, that if you are not logged on to the application, you will be required to enter a CAPTCHA verification code as well as enter your contact information. Figure 2.5 shows the *Report an Issue* page as it is displayed to a user that is not logged on to the application.

Figure 2.4, Report an Issue, not logged on

Report an Issue

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.

   reCAPTCHA™
stop spam. read books.

[Will I have to type a verification code every time I log in to this system?](#)
[Why are you requiring a verification code \(CAPTCHA\)?](#)
[What if I can't see the characters I am supposed to type?](#)

[-] Step 1: Enter the Issue Details

[-] Step 2: Enter your information

*Last Name *First Name

*Business Email Address *Business Phone Extension
format 9162221212 ⓘ

*Facility Name

Please click buttons only once. Multiple clicks may delay processing..

Figure 2.6 shows the *Report an Issue* page as it is displayed to a user that is logged on to the application.



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Figure 2.5, Report an Issue, logged on

Report an Issue

(shown as user IS logged in)

▣ Step 1: Enter the issue details

***Issue Type**

***Comment**

Enter additional information concerning the issue. 250 character limit. Characters remaining:

▣ Step 2: Review your information

Last Name User	First Name Test	MI
Business Email Address test.user@gmail.com		Business Phone Extension (916) 222-1212 1234
Facility Name Test Facility	Facility Street Address 111 Anywhere Street, Suite A	
Facility City Rancho Cucamonga	Facility State CA	Facility Zip 12345
Supervisor's Last Name Suplast	Supervisor's First Name Supfirst	Supervisor's Phone Extension (916) 222-1212

Please click buttons only once. Multiple clicks will delay processing.

To report an issue:

- 1) Select the “Report an Issue” link located at the top of any page.
- 2) Select the Issue Type.
- 3) Enter a Comment that describes the issue details.
- 4) If you are logged on:
 - a) Select the ‘Submit’ button.
- 5) If you are not logged on:
 - a) Enter the CAPTCHA verification code and the required contact information.
 - b) Select the ‘Submit’ button.



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Once you have submitted your issue, it will be reviewed by an MHRS Administrator, who will respond back to you, typically by email; however, the MHRS Administrator may also contact you by telephone.

3. USER ACCOUNT REQUEST

Requesting an MHRS account is a two step process. The first step is to provide to the BOF a completed form BOF 08-950. The second step is to submit the MHRS on-line application.

To request an MHRS account:

- 1) Navigate to the *MHRS Log On* page.
- 2) Select the link to the BOF 08-950 account permissions form.
 - a) The system opens up a fillable PDF form.
 - b) Enter all applicable information, and print the form.
 - c) The form must be signed by the director of your facility.
 - d) Submit the form to BOF in one of the following ways:
 - i) Scan the completed form and email it to: mhrs-support@doj.ca.gov
 - ii) Fax the completed form to: (916) 227-1021
 - iii) Mail the completed form to: P.O. Box 168048, Sacramento, CA 95816-8048
- 3) Navigate back to the *MHRS Log On* page.
- 4) Select the “Request an MHRS Account” link (See Figure 3.1)

Note: Although you may request your account at any point, it will not be approved prior to BOF receiving your BOF 08-950 account permissions form. If this form is sent through the mail, it may take several days before you receive a response.

Figure 3.1, MHRS Log On page, where the ‘Request an MHRS account’ link is presented

State of California Department of Justice
Office of the Attorney General
Kamala D. Harris ~ Attorney General

AG Home Page
Mental Health Reporting System (MHRS) 1.0.0.135 (05/24/2012)
Contact Us Report an Issue User Guide Terms of Use
* Indicates Required Field Thursday, May 24, 2012 2:19:24 PM

MHRS Log On

Not yet an MHRS user?
If you are not an MHRS user, submit [Form BOF08-950](#) to Bureau of Firearms and then [request an MHRS account](#).

Current MHRS users [View User Name and Password details](#)

*User Name *Password

[Forgot User Name?](#) [Forgot Password?](#)

Please click buttons only once. Multiple clicks may delay processing.

Mental Health Reporting System (MHRS) 1.0.0.135 (05/24/2012)
CONTACT US | REPORT AN ISSUE | USER GUIDE | TERMS OF USE | © 2012 DOJ



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- 5) Selecting the *Request an MHRS Account* link will display the *Terms of Use Agreement* page (see Figure 3.2). You must agree to the terms of use in order to create a new account request.

Figure 3.2, Terms of Use page

Mental Health Reporting System (MHRS) Terms of Use Agreement

You may want to print and file this agreement page for your records.

I agree to adhere to the following procedures to protect data, documentation, and other information reported via MHRS to ensure that it is confidential, except to the extent that such information is necessary for a court proceeding or determining the eligibility of the person to own, purchase, or possess firearms/explosives in accordance with Welfare & Institutions Code sections 8103, subdivision (f)(2), 8103, subdivision (e)(3) and 8105, subdivision (d). I understand that any person who knowingly furnishes that information for any other purpose is guilty of a misdemeanor.

I also agree to the following code of conduct in regard to this information and I will:

- ▶ Maintain security and confidentiality for all mental health data, documentation and other related reporting information exchanged with the Department of Justice.
- ▶ Shred printed documents containing Firearms Prohibition information after its legitimate use has ended.
- ▶ Access the MHRS from a computer in a secured area within my employing facility that is accessible only to authorized facility personnel and away from public view.
- ▶ Refrain from electronically sending information obtained from the MHRS except when necessary for the duties of authorized facility personnel.

I understand and agree that it is the duty and responsibility of facility personnel to print and maintain copies of prohibition reports submitted to the Department of Justice. I understand and agree that the Department of Justice, Bureau of Firearms is not responsible for routinely producing/providing subsequent copies of prohibition reports submitted by this facility.

I understand and agree that MHRS User IDs and passwords are confidential and will never be shared.

I understand and agree to adhere to the reporting requirements as referenced in Welfare & Institutions Code sections 8103, subdivision (f)(2), and 8103 subdivision (g)(2).

By clicking the **I agree** button below I acknowledge that ***I have read the above and understand the policy regarding all information from the Mental Health Reporting System.***

Please click buttons only once. Multiple clicks will delay processing.

- 6) If you agree with the Terms of Use, select the “I Agree” button. The *Create Your Request* page will display with the Facility Information section automatically expanded and ready for entry. (see Figure 3.3).



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Figure 3.3, Create Your Request page

State of California Department of Justice
Office of the Attorney General
Kamala D. Harris ~ Attorney General

AG Home Page
Mental Health Reporting System (MHRS) 1.0.0.135 (05/24/2012) Contact Us Report an Issue User Guide Terms of Use
* Indicates Required Field Thursday, May 24, 2012 2:25:00 PM

MHRS User Account Request Process - Create Your Request

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.



stop spam.
read books.

[Will I have to type a verification code every time I log in to this system?](#)
[Why are you requiring a verification code \(CAPTCHA\)?](#)
[What if I can't see the characters I am supposed to type?](#)

Step 1: Facility Information

*Facility City Select City
*Facility Name Select Facility

Facility Address Facility City State Facility Zip Facility ID

Step 2: User Information

Step 3: Identity Verification Questions

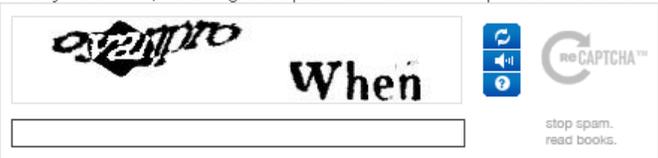
Please click buttons only once. Multiple clicks may delay processing.

Submit Clear Form Cancel

- 7) Enter the CAPTCHA verification code (see Figure 3.4). For more details on CAPTCHA, see [Use of CAPTCHA](#) in Section 11.

Figure 3.4, CAPTCHA Verification Code

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.



stop spam.
read books.



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- 8) Enter your Facility Information.
 - a) Select the City where your facility is located. A list of Facility Names located in your selected city will display (see Figure 3.5).

Figure 3.5, Selecting Your Facility

A screenshot of a web application interface. At the top, there is a grey header bar with a minus sign icon and the text "Step 1: Facility Information". Below this, there are two input fields. The first field is labeled "*Facility City" and is a dropdown menu with "MARYSVILLE" selected. The second field is labeled "*Facility Name" and is a text input field with the placeholder text "Select your facility".

- b) Select your Facility Name. The details associated with the facility will display. Use this information to verify that you have selected the correct facility.

Note: If you cannot find your facility, use the “Report an Issue” link located toward the top of the page. Select the “Cannot find my Facility” issue type. For more details on reporting an issue, see [Reporting an Issue](#) in Section 2.

- 9) Enter your User Information:
 - a) Expand the User Information section by selecting the “+Step 2: User Information” label.
 - i) Enter your Last Name (May include Alphas, Hyphens, and spaces).
 - ii) Enter your First Name (May include Alphas and spaces).
 - iii) Enter your Business Email Address. For security purposes, your email address must be unique within the MHRS system.
 - iv) Confirm your Business email Address.
 - v) Enter your Business Phone (Enter numbers only).
 - vi) Enter your Supervisor’s contact information
 - vii) Enter any pertinent optional information.
- 10) Enter your Identity Verification Questions. (The information from this section will be used if you forget your Password or User Name).
 - a) Expand the Identity Verification Questions section by selecting the “+Step 3: Identity Verification Questions” section.
 - i) Select your verification questions from the drop down lists.
 - ii) Enter the responses associated with each of the questions.
- 11) Submit. Once you have submitted the requested information, the system will present a confirmation page allowing you to review the data entered (see Figure 3.6).



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Figure 3.6, Confirm Your Entries page

MHRS User Account Request Process - Confirm Your Entries

Facility Information

Facility Name Western Medical Center - Anaheim*				
Facility Address 1025 South Anaheim Blvd.	Facility City Anaheim	Facility State CA	Facility Zip 92805	Facility ID 30V015

User Information

Last Name Test	First Name Test	MI 		
Business Email Address Test@facility.com				
Business Phone (123) 456-7890	Extension 	Business Fax 		
Supervisor's Last Name Test	Supervisor's First Name Test	Supervisor's Phone (123) 456-7890	Extension 	
Additional Comment 				

Identity Verification Questions

1. What was your childhood nickname?
Test
2. What was the name of your elementary school?
Test
3. What street did you live on in third grade?
Test
3. What street did you live on in third grade?
Test

Please click buttons only once. Multiple clicks will delay processing.

12) If you discover an error, select 'Edit Request' to go back to the request page and edit the field where the error occurred.

13) If the information is correct select 'Confirmed, Submit'. A confirmation message will be displayed to confirm submission of the account request.

BOF staff will verify the information supplied on your request. If your request is rejected, an email notification of the rejection will be sent to the email address provided on your account



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request. If your account is approved, two emails will be sent: one containing your User Name, the other a temporary password.

4. LOGGING ON TO MHRS

To Log On to the MHRS application:

- 1) Navigate to the *MHRS Log On* page (See Figure 3.1).
- 2) Enter your User Name
- 3) Enter your Password
- 4) Select the 'Log On' button

If you enter either an invalid User Name or Password, the system will display a warning message. On the fifth unsuccessful attempt, the system will disable your account, and you will need to contact BOF to request assistance (See [Contacting BOF](#) in Section 1).

The first time you log on to the MHRS web site, you will be asked to change your temporary password. The policy governing passwords is available for review on the *Change Password* page (see [Changing Your Password](#) in section 7).

5. FORGOT PASSWORD

If you have forgotten your password:

- 1) Select the 'Forgot Password' option from the *Log On* page (see Figure 3.1). The *MHRS Forgot Password* page displays (see Figure 5.1).

Figure 5.1, Forgot Password, Step 1

Forgot Password

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.

MANICURIST textxt

reCAPTCHA™
stop spam.
read books.

[Will I have to type a verification code every time I log in to this system?](#)
[Why are you requiring a verification code \(CAPTCHA\)?](#)
[What if I can't see the characters I am supposed to type?](#)

* MHRS User Name

Retrieve Cancel

- 2) Enter the CAPTCHA verification code and your MHRS User Name, and then select the 'Retrieve' button. The system searches for a match to the MHRS User Name entered:



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- a) If a match is found, the system displays a randomly selected identity verification question from the set of questions you submitted with your account request (see Figure 5.2).
 - i) Enter the response to the security question presented and select the 'Submit' button.
 - (1) If the response entered is correct, the system will email a temporary password to the email address from your profile.
 - (2) If the response entered is incorrect, the system will display a warning, and you may try again. **Note:** If the response is entered incorrectly three times, your account will be disabled, and you must contact BOF for assistance.
- b) If a match is not found, the system presents an error message indicating that the entered User Name is invalid.

Figure 5.2, Forgot Password - Step 2

Forgot Password

Identity Verification question:
In what city were you born?

* Identity Verification Question response:

Please click buttons only once. Multiple clicks may delay processing.

6. FORGOT USER NAME

If you have forgotten your MHRS User Name:

- 1) Select the 'Forgot User Name' option from the 'Log On' page (see Figure 3.1). The *MHRS Forgot User Name* page displays (see Figure 6.1).

Figure 6.1, Forgot User Name, Step 1

Forgot User Name

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.

[Will I have to type a verification code every time I log in to this system?](#)
[Why are you requiring a verification code \(CAPTCHA\)?](#)
[What if I can't see the characters I am supposed to type?](#)

*The Email Address associated with your MHRS user account

- 2) Enter the CAPTCHA verification code and the email address associated with your MHRS User Profile.



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- 3) Select the 'Retrieve' button. The system searches for a match to the email address entered:
 - a) If a match is found, the system displays a randomly selected identity verification question from the set of questions you submitted with your account request (see Figure 6.2).
 - i) Enter the response to the security question presented and select the 'Submit' button.
 - (1) If the response entered is correct, the system will display your User Name on your screen.
 - (2) If the response entered is incorrect, the system will display a warning and you may try again.
 - (3) If the response is incorrectly entered three times, your account will be locked and you must contact BOF for assistance.
 - b) If a match is not found:
 - i) The system presents an error message indicating that No Record Exists with this email address.

Figure 6.2, Forgot User Name, Step 2



Forgot User Name

Identity Verification question:
In what city were you born?

* Identity Verification Question response:

Please click buttons only once. Multiple clicks may delay processing.

7. CHANGING YOUR PASSWORD

Passwords are valid for 90 days, but you can change your password at any time by selecting the Change Password option from the *MHRS Main Menu* page. Beginning fifteen days prior to password expiration, you will be reminded of the pending password expiration each time that you log on to the system.

If your password expires, you will need to use the “Forgot Password” feature to have the system generate a new temporary password for you.

If you are logging on to the system using a temporary password, the system will automatically navigate you to the *Change Password* page to change the temporary password to a password of your choosing.

A temporary password will be assigned to you for the following reasons:

- Upon your account approval
- After using the Forgot Password Feature (see [Forgot Password](#) in Section 5).
- Upon an Administrator resetting your account



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Figure 7.1, Change Password page

The screenshot shows the "Change Password" page. At the top, the title "Change Password" is displayed in a large, brown font. Below the title are three input fields: the first is labeled "*Current Password", the second is labeled "*New Password" with a blue "Format" link to its right, and the third is labeled "*Re-enter New Password". Below the input fields is a small line of text: "Please click buttons only once. Multiple clicks will delay processing." At the bottom of the form are three buttons: "Submit", "Clear Form", and "Main Menu".

To change your password:

- 1) From the *Change Password* page, you may elect to view the password format rules by selecting the "Format" link.
- 2) Enter your current password.
- 3) Enter and confirm your new password.
- 4) Submit. The password entered will be verified to make sure that it complies with the password format rules. If any problems are found, an error message identifying the problem will be presented.

Once the password change has been accepted, a confirmation message will display on the *Main Menu* page, and an email confirmation will be sent to you.

8. MHRS MAIN MENU PAGE

OVERVIEW

From the *Main Menu* page of the MHRS application, you will be able to:

- Read your messages
- Access Forms
- Navigate to the Submit Firearms Prohibition Entry Page
- Navigate to the Edit My Profile Page
- Navigate to the Change Password Page

MESSAGES

The *Main Menu* page displays your messages. For example, this is where you will receive a reminder that it is time to change your password (see Figure 8.1).



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Figure 8.1, message on Main Menu page reminding user to change their password

The screenshot shows the main menu of the Mental Health Reporting System (MHRS). At the top, it displays the State of California Department of Justice, Office of the Attorney General, and Kamala D. Harris, Attorney General. The system version is 1.0.0.1 (05/23/2012). Navigation links include Contact Us, Report an Issue, User Guide, Terms of Use, and Log Off. The user is identified as Ryan Sinor, logged in on Thursday, May 24, 2012 at 3:30:21 PM. The left sidebar has two sections: REPORTING (with links for Submit Mental Health Report and Patient Forms) and MY ACCOUNT (with links for Edit My Profile and Change Password). A yellow warning icon is present next to the message: "Your password expires in 14 days. You are requested to change your password now."

BOF FORMS

For your convenience, the following fillable PDF forms are available from the *Main Menu* page:

- Patient Notification of Firearm Prohibition and Right to Hearing (BOF 4009B).
- Request for Hearing for Relief From Firearm Prohibition (BOF 4009C)
- MHRS Cancellation, Correction or Discharge Report (BOF 4009D)

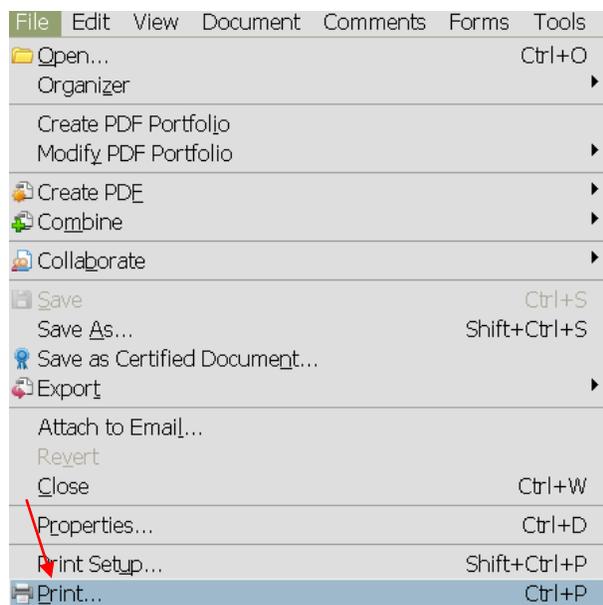
To print or save a BOF form:

- 1) Select the link for the desired form. A fillable PDF form will display.
- 2) Enter the requested information.
- 3) Print and/or save the form:
 - a) **Printing** – From the Adobe Acrobat screen displaying the form:
 - i) Select the printer icon or select the “File” drop down menu.
 - ii) Select “Print. . .” from the File drop down menu. (See Figure 8.2)



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Figure 8.2, Printing a PDF Form

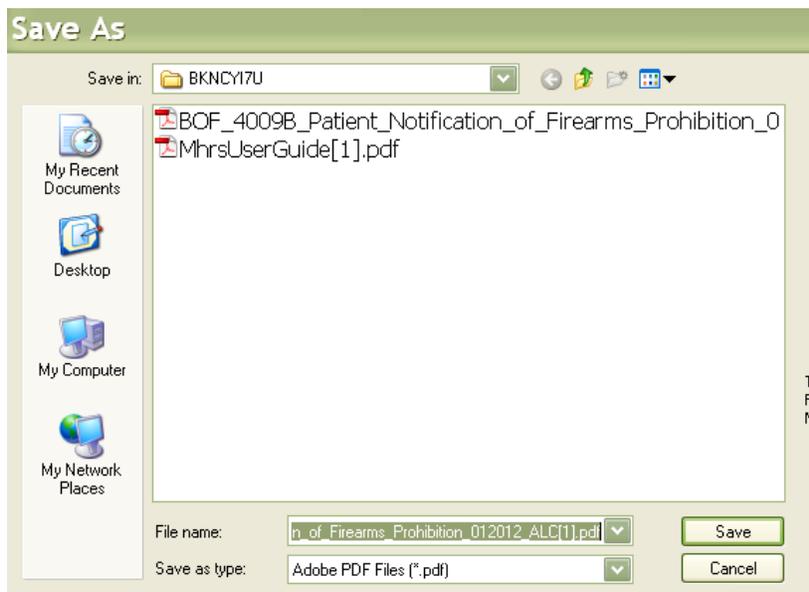


- iii) The Print menu should display for your local printer.
- a) **Saving** - From the Adobe Acrobat screen displaying the form:
 - i) Select the “File”/ “drop down menu.
 - ii) Select “Save AS” from the File drop down menu.
 - iii) Select “PDF. . .” (See Figure 8.3). The Save As menu should display, allowing you to designate the location where you would like to save the file.



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Figure 8.3, Saving a PDF Form



9. EDIT YOUR PROFILE

The information you entered when you completed the account request process became part of your MHRS User Profile. You may edit your User Profile once you are logged on to the system, including your name, your contact information, and your identity verification questions and responses (see Figure 9.1).



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Figure 9.1, User Profile page

User Profile

My Facility Information

<p>Facility Name Dominican Mental Health Unit</p>	<p>Facility Street Address 1555 Soquel Drive</p>			
<p>City Santa Cruz</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 95065</td> <td style="width: 33%;">Facility Id 44V001</td> </tr> </table>	State CA	Zip Code 95065	Facility Id 44V001
State CA	Zip Code 95065	Facility Id 44V001		

My User Information

*Last Name	*First Name	MI	
<input type="text" value="abc"/>	<input type="text" value="abc"/>	<input type="text"/>	
*Business Email Address			
<input type="text" value="abc@me.com"/>			
*Confirm Business Email Address			
<input type="text" value="abc@me.com"/>			
*Business Phone	Extension	Business Fax	
<input type="text" value="1234567890"/>	<input type="text"/>	<input type="text"/>	
<small>format 9162221212</small>		<small>format 9162221212</small>	
*Supervisor's Last Name	*Supervisor's First Name	*Supervisor's Phone	Extension
<input type="text" value="abc"/>	<input type="text" value="abc"/>	<input type="text" value="1234567890"/>	<input type="text"/>
		<small>format 9162221212</small>	

My Identity Verification Questions

*First Question	*First Question Response
<input type="text" value="What was your childhood nickname?"/> <input type="button" value="v"/>	<input type="text"/>
*Second Question	*Second Question Response
<input type="text" value="What is your father's middle name?"/> <input type="button" value="v"/>	<input type="text"/>
*Third Question	*Third Question Response
<input type="text" value="In what city were you born?"/> <input type="button" value="v"/>	<input type="text"/>

To edit your profile:

- 1) From your *Main Menu* page, select “Edit My Profile”. The *My MHRS User Profile* page will display.
- 2) Modify any editable fields with the new information. (**Note:** if you need to restore the record back to its pre-edited values, select the Refresh option).
- 3) Submit. The system will display a confirmation message when you successfully change your profile. Additionally, if you modified your name, you will receive an email containing a new MHRS User Name.

Note: You cannot change your Facility from your User Profile page. If you work at multiple facilities, you will need to establish a separate account for each. If you leave a facility and move to another, BOF should be contacted (see [Contacting BOF](#) in Section 1) so that they can disable your original account. Submit a new account request for your new facility.



10. SUBMIT MENTAL HEALTH REPORT OF FIREARMS PROHIBITION

OVERVIEW

The MHRS application provides Users the ability to electronically submit Mental Health Facilities Reports of Firearms Prohibition to the California Department of Justice, Bureau of Firearms. Additionally, users may Print and/or save copies of the report for their records.

To submit a Mental Health Report of Firearms Prohibition:

- 1) Log On to the MHRS application.
- 2) From the Main Menu, select the “Submit Mental Health Report” link. The User is navigated to the *Report of Firearms Prohibition* page where the Patient Intake section is automatically expanded for entry, while the other sections of the report are hidden. To expand one of the other sections, select the section label name that contains the plus (+) symbol. (See Figure 10.1)

Figure 10.1, Report of Firearms Prohibition page with Patient Intake Information expanded

The screenshot displays the "Mental Health Report Entry Form" interface. At the top, it shows "Reporting Facility Information: Dominican Mental Health Unit, Santa Cruz". The "Patient Intake Information" section is expanded, revealing various input fields: *Patient Last Name, *Patient First Name, Middle Name or Initial, Date of Birth (with "OR" and "Age" options), *Gender (dropdown), *Ethnicity (dropdown), Height (with "Format: 511" note), Weight (with "lbs." unit), Eye Color (dropdown), Hair Color (dropdown), SSN (with "Format: 123456789" note), CDL, CID, Out Of State ID - Select State (dropdown), Out Of State ID (with "Maximum length 11" note), Patient Address, Zip Code, City, State (dropdown), Place of Birth (dropdown), *Patient ID Number (with "Maximum length 20" note), *Welfare and Institution Code (WIC) (dropdown), and *Date of Admission or Certification (with "Format: mmdyyyyy" note). Below this section are collapsed sections for "Patient AKAs" and "Additional Patient Information".

- 3) Enter the Patient Intake Information:
 - a) Enter the Patient’s Last Name (The Last Name may include Alphas, spaces, and hyphens)



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- b) Enter the Patient’s First Name (The First Name may include Alphas and spaces).
Note: If the patient has a single name (for example, Crow, Turquoise, Sky, etc.), enter the single name in the Patient Last Name field, and enter an asterisk (*) in the Patient First Name field.
 - c) If known, enter the Patient’s Date of Birth. If the Date of Birth is unknown, enter the approximate age (but do not enter both a Date of Birth and Age).
 - d) Select the Patient’s Gender from the drop down list.
 - e) Select the Patient’s Ethnicity from the drop down list.
 - f) Enter the Patient ID Number. (Unique number assigned by your facility).
 - g) Select the appropriate Welfare and Institution Code from the drop down list.
 - h) Enter the Date of Admission or the Date of Certification.
 - i) Enter any applicable information in the optional fields.
- 4) If necessary, enter Patient AKAs:
- a) Expand the Patient AKAs section to enter any additional alias names. (See Figure 10.2)
 - b) Enter up to four additional names used by the patient.

Figure 10.2, Report of Firearms Prohibition page with Patient AKAs expanded

Patient AKAs ⓘ		
AKA (1) Last Name	AKA (1) First Name	AKA (1) Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA (2) Last Name	AKA (2) First Name	AKA (2) Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA (3) Last Name	AKA (3) First Name	AKA (3) Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA (4) Last Name	AKA (4) First Name	AKA (4) Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
AKA (5) Last Name	AKA (5) First Name	AKA (5) Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 5) If appropriate, enter any Additional Patient Information:
- a) Expand the Additional Patient Information section to enter any additional Dates of Birth, Social Security Numbers, CA Driver’s License Numbers, or CA Identification Numbers. (See Figure 10.3)



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Figure 10.3, Report of Firearms Prohibition page with Additional Patient Information expanded

Additional Patient Information ⓘ

Additional DOB <input type="text"/> Format: mmddyyyy	Additional DOB <input type="text"/> Format: mmddyyyy			
Additional SSN <input type="text"/> Format: 123456789				
Additional CDL <input type="text"/>	Additional CDL <input type="text"/>	Additional CDL <input type="text"/>	Additional CDL <input type="text"/>	
Additional CID <input type="text"/>	Additional CID <input type="text"/>	Additional CID <input type="text"/>	Additional CID <input type="text"/>	

If appropriate, enter the name and phone number of the facility’s contact person:

- a) Expand the Reporting Facility Information section. The facility information should display. (See Figure 10.4)
- b) Optionally, enter an alternate contact for your facility. (If BOF Staff have any questions regarding the report, they will call the contact person; otherwise, they will contact the person who entered the report).

Figure 10.4, Report of Firearms Prohibition page with Facility Information expanded

Reporting Facility Information: Dominican Mental Health Unit, Santa Cruz

Facility Name Dominican Mental Health Unit	Facility ID 44V001		
Facility Address 1555 Soquel Drive	Facility City Santa Cruz		
	State CA		
	Facility Zip 95065		
Contact Last Name <input type="text"/>	Contact First Name <input type="text"/>	Contact Phone <input type="text"/> Format: 9162221212 ⓘ	Extension <input type="text"/>

- 6) Submit. Upon submission, the system displays a report verification page.
 - a) Verify that the data entered is complete and correct. If not:
 - i) Select the Edit Report option.
 - ii) Make any necessary corrections, and resubmit.
 - iii) Once the record is verified as correct, select the “Submit Final” option.
 - iv) A PDF Copy of the submitted record will display. This copy will contain all submitted information, as well as the DOJ generated Prohibition Record Number (PHN).
- 7) Print/Save – You can only print and/or save a copy of the PDF report while the report is displayed on your screen. **Once the report has been closed, you will not be able to generate it at a later time. It is highly recommended that you keep copies of the reports for your facility’s records.**



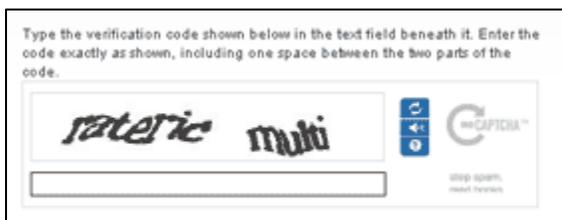
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- a) **Printing** – From the Adobe Acrobat screen displaying the report:
 - i) Select the printer icon or select the “File” drop down menu
 - ii) Select “Print. . .” from the File drop down menu.
 - iii) The Print menu should display for your local printer.
- b) **Saving** - From the Adobe Acrobat screen displaying the form:
 - i) Select the “File” drop down menu.
 - ii) Select “Save AS” from the File drop down menu.
 - iii) Select “PDF. . .” The Save As menu should display, allowing you to designate the location where you would like to save the file.

11. USE OF CAPTCHA

A CAPTCHA is a program that helps prevent a computer application from being accessed by another computer. CAPTCHAs are used by many websites to prevent abuse from "bots," or automated programs usually written to generate spam. No computer program can read distorted text as well as humans can, so bots cannot navigate sites protected by CAPTCHAs. We present a CAPTCHA challenge on all data submission pages that are available to a user prior to being logged on to the application (see Figure 11.1).

Figure 11.1, image of a CAPTCHA



Note: For this application we have used reCAPTCHA, which is now hosted by Google. If you do not see a reCAPTCHA image on your screen like the one shown in Figure 11.1, or if you receive an error when you try to submit one of the pages that uses the CAPTCHA, your facility may have blocked access to the Google source of the reCAPTCHA verification. To verify if this is the problem, enter the following URL in your browser to see if you receive a notification that the page is blocked:

<https://www.google.com/recaptcha>

If access is blocked, check with your network technical staff to see if you may be granted access to the Google URL above to allow access to all features of MHRS.



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



1) Does the California Department of Justice (DOJ) charge the facilities a fee for using the Mental Health Reporting System (MHRS)?

No. There are no fees associated with using the MHRS.

2) Do I need a special computer or software to use the MHRS?

No. As long as the computer has web browser software, Internet Explorer 8.0 or Mozilla Firefox 11.0 installed and a connection to the Internet, the user can access MHRS via the Internet.

3) The website address I entered does not work. What should I do?

The system must be viewed over a secure channel. Be sure to type the "s" after http. (example: <https://mhirs.doj.ca.gov>.)

4) What do I need to do to use the MHRS?

To use the MHRS you need a computer, Internet access, and an MHRS account. Requesting an MHRS account is a two step process. The first step is to provide the Bureau of Firearms (BOF) a completed and signed Facility User Account Request Form (BOF 08-950). The second step is to submit the MHRS on-line user account request.

Once you navigate to the MHRS Log On page (<https://mhirs.doj.ca.gov>), select the link to the BOF 08-950 account permission form.

- a) The system opens up a fillable PDF form.
- b) Enter all applicable information, and print the form.
- c) The form must be signed by the director of your facility.
- d) Submit the form to BOF in one of the following ways:
 - i) Scan the completed form and email it to: mhrs-support@doj.ca.gov
 - ii) Fax the completed form to: (916) 227-1021
 - iii) Mail the completed form to: P.O. Box 168048, Sacramento, CA 95816-8048



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



5) How do I get a MHRS Account?

Navigate to the MHRS Log On page (<https://mhers.doj.ca.gov>) Select the “Request an MHRS Account” link to create a new account.

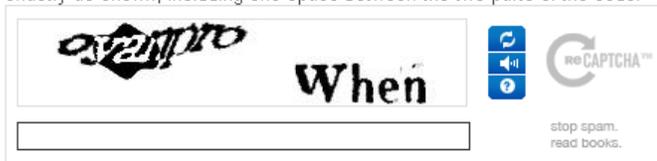
6) Can more than one employee use the same User Name and Password?

For security and tracking purposes, the sharing of User Names and Passwords is strongly discouraged. Each employee requiring access to MHRS should have a separate User Account and email address.

7) What if I can't read the Completely Automated Public Turing test to tell Computers and Humans Apart (CAPTCHA) verification code?

You can request a different verification code by clicking on the first button in the box.

Type the verification code shown below in the text field beneath it. Enter the code exactly as shown, including one space between the two parts of the code.



8) What if I forget my password?

Select the ‘Forgot Password’ option from the *Log On* page (<https://mhers.doj.ca.gov>).

- (a) Enter the CAPTCHA verification code and your MHRS User Name, and then select the “Retrieve” button. The system searches for a match to the MHRS User Name entered:
- (b) If a match is found, the system displays a randomly selected identity verification question from the set of questions you submitted with your account request.
 - (i) Enter the response to the security question presented and select the “Submit” button.
 - (ii) If the response entered is incorrect, the system will display a warning, and you may try again. **Note:** If the response is entered incorrectly three times, your account will be disabled, and you must contact BOF for assistance at mhrs-support@doj.ca.gov.



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



9) Why does the system log me out?

For security reasons, the MHRS will “time out” and automatically log the user off if no activity is detected within 20 minutes from the last activity.

10) Can I print or save a copy of the report submitted using MHRS?

Yes. You can print/save a copy of the PDF report while the report is displayed on your screen. Once the report has been closed, you will not be able to generate it at a later time. It is highly recommended that you keep copies of the reports for your facilities records. (DOJ will not supply facilities with reports if they forget to save or print a report at the time of submission.)

(a) Printing – From the Adobe Acrobat screen displaying the report:

- i) Select the printer icon or select the “File” drop down menu.
- ii) Select “Print. . .” from the File drop down menu.
- iii) The Print menu should display for your local printer.
- iv) Click Ok.

(b) Saving - From the Adobe Acrobat screen displaying the form:

- i) Select the “File” drop down menu.
- ii) Select “Save As” from the File drop down menu.
- iii) Select “PDF” The Save As menu should display, allowing you to designate the location where you would like to save the file.

11) If reports are submitted using the MHRS, will the facility still get reimbursed for those reports?

Yes. Facilities will be reimbursed fifty cents for each report submitted to DOJ via the MHRS. The facility must submit an invoice to DOJ on a quarterly basis. For billing questions please contact the Bureau of Firearms at (916) 227-7550.

(Due to patient confidentiality concerns, do not send actual copies of the MHRS report(s).)



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



12) What forms are available on MHRS?

The fillable PDF forms available on MHRS are:

- Patient Notification of Firearm Prohibition and Right to Hearing (BOF 4009B)
- Request for Hearing For Relief From Firearms Prohibition (BOF 4009C)
- MHRS Cancellation, Correction or Discharge Report (BOF 4009D)

After completing the PDF form(s), please mail them to:

California Department of Justice
Bureau of Firearms
Firearms Prohibition and Reporting Unit
P.O. Box 168048
Sacramento, CA 95816-8048

In lieu of mailing the completed report form, you may fax it to: (916) 227-1021.
(Due to patient confidentiality concerns, forms may not be emailed to the BOF.)

13) How do I correct or cancel a MHRS report that I submitted online, or submit a discharge?

The MHRS Cancellation, Correction, or Discharge Report form, (BOF 4009D) is available as a PDF fillable document in the MHRS system under "Forms". Check the box at the top of the form to either correct or cancel a previously submitted MHRS report, or to submit a discharge. Send the completed form to BOF at the following address:

California Department of Justice
Bureau of Firearms
Firearms Prohibition and Reporting Unit
P.O. Box 168048
Sacramento, CA 95816-8048

In lieu of mailing the completed report form, you may fax it to: (916) 227-1021.
(Due to patient confidentiality concerns, forms may not be emailed to the BOF.)



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



14) What should we do when an employee with access to the MHRS separates employment with the facility?

When an employee with access to MHRS separates employment, the facility administrator should send an email to mhrs-support@doj.ca.gov informing the BOF to deactivate the user.

15) What forms are available on MHRS?

The fillable PDF forms available on MHRS are:

- Patient Notification of Firearm Prohibition and Right to Hearing (BOF 4009B)
- Request for Hearing For Relief From Firearms Prohibition (BOF 4009C)
- MHRS Cancellation, Correction or Discharge Report (BOF 4009D)
- Mental Health Reimbursement Form (BOF 946)

After completing the PDF form(s), please mail them to:

California Department of Justice
Bureau of Firearms
Firearms Prohibition and Reporting Unit
P.O. Box 168048
Sacramento, CA 95816-8048

In lieu of mailing the completed report form, you may fax it to: (916) 227-1021.
(Due to patient confidentiality concerns, forms may not be emailed to the BOF.)

16) What is the patient notification process and right to petition the court?

The facility is required to notify patients who meet the Welfare and Institutions Code section 8103 subdivision (f)(1), criteria of the state five-year firearm prohibition at or prior to discharge. The Patient Notification of Firearm Prohibition and Right to Hearing form (BOF 4009B) may be utilized by the facility to ensure patients are notified of the five-year firearm prohibition and their right to request a hearing to have firearm rights reinstated by the Superior Court.

If the patient requests a hearing at discharge, the facility is required to complete the Request For Hearing For Relief From Firearm Prohibition form (BOF 4009C). The facility forwards the request form to the Superior Court in the patient's county of residence.
(Welf. & Inst. Code, § 8103, subd. (f)(5).)



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



17) What is the liability of a facility for not reporting required prohibitions?

Pursuant to Welfare and Institutions Code section 8108, mental hospitals, health facilities, other institutions, or treating health professionals who provide reports subject to this chapter shall be civilly immune for making any report required or authorized by this chapter. Not submitting a report to DOJ could result in civil liability for the treating facility in the event an unreported patient purchases a firearm and uses it to harm him/herself or others.

18) What admissions are required to be reported?

- a) All persons who meet the criteria contained in Welfare and Institutions Code section 8103 subdivision (f)(1), (72-hour holds) are required to be reported on the date of admission via the MHRS. Gravely disabled admissions under Welfare and Institutions Code section 8103 subdivision (g)(1) Welfare and Institutions Code Sections (72-hour holds) are not required to be reported to DOJ.
- b) All persons who meet the criteria contained in Welfare and Institutions Code section 8103 subdivision (g)(1) (including gravely disabled) that have had their certifications upheld must be reported to the DOJ via the MHRS whether or not they were previously reported to DOJ pursuant to Welfare and Institutions Code section 8103 subdivision (f)(1). If the certification is not upheld, the patient should not be reported to the DOJ (as a 5250 WIC.)

19) What is the Prohibited Person Notice Form and Power of Attorney for Firearm Transfer and Disposal?

This form may be used by persons prohibited from firearm possession to immediately transfer or dispose of firearms currently in their possession. Failure of a prohibited person(s) to divest themselves of any and all firearms could result in criminal sanctions.

California public/private mental health facilities are encouraged to provide the notification to those persons who are prohibited from firearms possession.

The Power of Attorney for Firearms Relinquishment, Sale or Disposal – Declaration form (BOF 110) is a fillable PDF form available on the BOF website at: oag.ca.gov/firearms/forms.



FREQUENTLY ASKED QUESTIONS (FAQS) MENTAL HEALTH REPORTING SYSTEM (MHRS)



20) When do facilities submit discharge reports?

A discharge report is required on involuntary patients that are discharged more than 31 days from the date of admission.

A discharge report is required on ALL voluntary admissions reported pursuant to Welfare and Institutions Code section 8103 subdivision (g)(1) with a dangerous weapon, (e.g., firearm, nunchuks, switch blade knife, etc.) Please see Penal Code sections 16100-17360 for a complete list of dangerous weapons.

All discharge reports must be submitted to DOJ, pursuant to Welfare and Institutions Code section 8100(a), by mail at the following address:

California Department of Justice
Bureau of Firearms
Firearms Prohibition and Reporting Unit
P.O. Box 168048
Sacramento, CA 95816-8048

In lieu of mailing the completed report form, you may fax it to: (916) 227-1021.
(Due to patient confidentiality concerns, forms may not be emailed to the BOF.)

21) What is the minimum age for reporting firearms prohibited persons?

A minor who is 13 years of age or older and is admitted to a facility pursuant to Welfare and Institutions Code section 8103 subdivision (f)(1) must be reported to DOJ. This is because a person who is 18 years of age can purchase a rifle or shotgun and the Welfare and Institutions Code section 8103 subdivision (f)(1) prohibition is a five year prohibition. If the minor is less than 13 years old, he/she is not required to be reported (as a 5150 WIC.) (Pen. Code, § 27510.)

Anyone who is admitted to a facility pursuant to United States Code section 922 subdivision (g)(4) as a patient is required to be reported to DOJ, regardless of their age. This is in accordance with federal law and is a lifetime prohibition.

All certifications that are upheld, regardless of age, are required to be reported as 5250/5260/5270.5 WIC to the DOJ.